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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Philippines

The Executive Director recommends that the Executive Board approve the country programme of the Philippines for the period 1994-1998 in the amount of $22,500,000 from general resources, subject to the availability of funds, and $37,170,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1992, will be contained in the "Summary of 1993 recommendations for general resources and supplementary funding programmes" (E/ICEF/1993/P/L.2 and Add.1).

THE SITUATION OF CHILDREN AND WOMEN

1. The Philippines, a middle-income country that has experienced an economic crisis since the late 1970s, has shown signs of a slow economic recovery over the last six years. In the first half of 1992, real gross national product grew by 1 per cent compared to zero growth in 1991. Constraints to economic growth include energy shortages, the giant eruption of Mount Pinatubo in 1991 and continuing huge lava mud flows, drought and typhoons, armed insurgencies, economic stabilization policies and the limited impact of land reform and other poverty reduction measures. Government efforts to follow "adjustment and development with a human face" have helped to mitigate the negative effects on basic services. Unemployment, however, reached 11 per cent and underemployment was 33 per cent in early 1992. About half of the population continue to live in poverty in both rural and urban areas.

2. During the 1980s, the population grew at an average annual rate of over 2 per cent. The population in 1990 was almost 64 million, of which almost 28 million, or 44 per cent of the total, were children under 17 years old. There are an estimated 9 million children under five years old, or 14 per cent of the total. Contraceptive prevalence among married couples of reproductive age declined from 45 per cent in 1986 to 34 per cent in 1988. In 1990, 48 per cent of the total population lived in urban areas as compared with 38 per cent in 1980. By the year 2000, as much as 70 per cent of the entire population will live in urban areas. Recent government estimates suggest that about 30,000 persons, mostly in urban areas, are infected with the human immunodeficiency virus (HIV).

3. The national election of 1986 led to a new national Government and a greater emphasis on policies concerned with reducing poverty and a commitment to children's needs. There have also been the beginnings of a movement of non-government organizations (NGOs).

4. During the 1980s, the maternal mortality rate (MMR) was about 100 per 100,000 live births, with the leading causes being illegal and induced abortions, haemorrhage, eclampsia, toxemia, hypertension and other complications during pregnancy and child birth. Utilization of maternal health services remains low due to a lack of awareness of services, security problems and uneven coverage and quality of services.

5. Government statistics are reported separately for infants and children (age 1-4 years). 1/ According to a revised estimate by a government technical committee, the infant mortality rate (IMR) declined slightly from 63 per 1,000 live births in 1980 to 61 in 1990. 2/ The major causes of death are pneumonia, diarrhoea and measles. The child mortality rate declined from 6 per 1,000 live births in 1980 to 5 in 1990. Pneumonia, measles, diarrhoea, accidents and bronchitis are the major causes of child deaths. The prevalence of moderately and severely underweight preschool children declined from 18 per cent in 1987 to 14 per cent in 1990. Micronutrient problems are mainly deficiencies in vitamin A, iron and iodine, which significantly influence mortality and morbidity patterns.

6. Almost 99 per cent of all children under seven years of age enter grade I. However, the proportion completing the primary level increased only slightly from 66 per cent in 1980 to 70 per cent in 1991.

7. Two million preschool children are reported to suffer from serious neglect, including abandonment by parents. Another 2 million school-age children, mostly early drop-outs, are not in school. Urban street children number about 1.5 million. Child labourers, aged 10 to 14 years, number 1.4 million, while 4.5 million children have been subjected to situations of armed conflict in different parts of the country during the past 20 years.

8. The Philippine Plan of Action for Children (PPAC) for 2000 and Beyond reflects the country's commitment to the World Summit goals for children and the Convention on the Rights of the Child. The Local Government Code of 1991 brings momentous change by devolving responsibility for most health, nutrition, social welfare, agriculture and some education services from national agencies to provincial, city, municipal and village governments. The national commitment to goals for children and, at the same time, a move towards decentralization, present a special challenge of creating and strengthening appropriate subnational and local capacities for planning and implementing programmes to achieve the goals for children.

PROGRAMME COOPERATION, 1988-1993

9. The first goal of the third country programme for children (1988-1993) is to strengthen key basic services for all Filipino children, e.g. universal child immunization (UCI) and universal primary education, and to help integrate them into national development efforts. A second goal is to reduce regional disparities in child survival, development and protection through the strengthening and institutionalization of local government and community capacities in seven provinces and 13 cities. These two efforts are known as the area-based child survival and development (CSD) programme and the urban basic services (UBS) programme, which aim to improve the convergent delivery of services for poor families faced with multiple problems.

10. A third goal is to make social mobilization a pervasive dimension of Government/UNICEF cooperation in order to stimulate more effectively sustainable governmental, NGO, local community and other international donor initiatives. For example, a national task force for social mobilization was formed jointly by representatives from various government departments and UNICEF, and a network was established with the participation of NGOs, professional organizations, members of the Congress and the media. In addition, social mobilization has helped to mobilize supplementary funding which has been generously provided by several donors. The following sectoral descriptions indicate performance in respect of the main goals.

Health

11. Immunization coverage increased significantly from 55 per cent in 1985 to 85 per cent for all antigens for infants by 1989, and UCI is being sustained.

However, tetanus toxoid coverage for pregnant women was only 47 per cent in 1991. Since 1986, the Government estimates that the expanded programme on immunization (EPI) has saved the lives of 146,900 children from measles or pertussis, prevented 31,400 cases of polio and averted 15,300 neonatal tetanus deaths. The Government is considering a vaccine assurance plan to sustain UCI.

12. A new comprehensive maternal and child health (MCH) project in 18 provinces is significantly increasing coverage for pregnant women and is more responsive to felt needs of the community. The Department of Health launched a pilot project for the control of acute respiratory infections (ARI) to reduce mortality caused by pneumonia, a major killer of children under five years old, and to expand the promotion of oral rehydration therapy (ORT) for the control of diarrhoeal diseases (CDD). About 3,300 public health midwives and 3,700 physicians were trained to help mothers prevent and detect pneumonia in six provinces, seven cities and the national capital region. As the pilot project is ready for nationwide expansion, more oxygen and antibiotic supplies will be required.

Nutrition

13. The promotion of breast-feeding, proper lactation and rooming-in practices in public and private hospitals was advanced when the Jose Fabella Memorial Hospital became the National Lactation Management Training Centre and 14 other medical centres became regional lactation management training centres. While 22 government hospitals have been certified as "baby-friendly", all other government hospitals will become "baby-friendly" in 1993. A "Rooming-in and Breast-feeding Act" became law in 1992.

14. The family food production project responded to a major crisis in Negros Occidental province where a rapid decline in the price of sugar led to massive unemployment in 1984 and many children died owing to severe malnutrition. UNICEF supported environmentally friendly, bio-intensive gardens and other relief and rehabilitation services. Malnutrition declined from 40 per cent in 1986 to 25 per cent in 1988. The project was expanded to other needy locations. Insecure land tenure, armed conflicts and inadequate water supply are some constraints being addressed.

Water supply and sanitation

15. The water supply and sanitation programme covered seven provinces and 13 cities and promoted environmentally friendly technologies, e.g., ferro-cement water collection tanks, improved hand-pumps and water-sealed toilets. Community and women's participation and capacity-building strengthened barangay (village) waterworks and sanitation associations. Capacity-building included technical and management training of 2,560 provincial and municipal personnel and 880 inspectors and the provision of 333 water supply systems. Community education about hygiene stressed hand-washing to prevent diarrhoea and aimed to heighten environmental awareness.

Education

16. The Government has formulated a viable education for all (EFA) plan for which assistance has been provided by UNICEF, as well as the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Development Programme (UNDP), the World Bank and the Asian Development Bank (AsDB). This strong partnership continues to promote social and resource mobilization to achieve EFA goals. UNICEF assists day-care centres in seven provinces and 13 cities to expand national coverage, which remains at only 19 per cent owing to the lack of government and community resources. UNICEF assistance for the universalization of quality primary education covers 155,000 children, especially girls, from remote and cultural communities. Innovations include teacher-to-parent education in health and nutrition and multigrade and mobile teaching for small schools in remote areas. Assistance in the area of non-formal education to increase female literacy rates includes functional literacy materials, which also promote environmental awareness. They are prepared jointly by the Departments of Education, Social Welfare and Development, Agriculture, Health and Interior and Local Government.

Children in especially difficult circumstances

17. Growing public concern is stimulating more attention to children in situations of armed conflict, child labour, urban street children and child victims of natural disasters. UNICEF support for children in situations of armed conflict focuses on government/NGO collaboration, which includes the National Economic and Development Authority, the Council for the Welfare of Children, the Department of Social Welfare and Development, five national NGOs and 16 local NGOs. Counselling, health, nutrition, water supply and sanitation and education services covered more than 60,000 children. The peace education project, still at an initial stage, promotes non-violent conflict resolution in schools and communities.

18. Actions to protect child labourers in three pilot provinces are undertaken through local community advocates and monitors, with inter-agency collaboration including the Department of Labour and Employment, the Department of Social Welfare and Development, the Department of Education and provincial, city, municipal and barangay governments. Local inter-agency committees, which include NGOs, guide advocacy, functional literacy classes and training in livelihood skills for 1,800 parents of working children.

19. UNICEF coordinates its relief and rehabilitation assistance with other United Nations agencies and donors. UNICEF relief assistance included health kits, oral rehydration salts (ORS), water containers, vaccines, water purifying tablets and syringes. Earthquake rehabilitation provided 33 environmentally sound rural water supply and sanitation systems as well as nutrition and counselling services for 8,300 families. Relief and rehabilitation for Mount Pinatubo is covering 25,000 families.

Women in development

20. Women's organizations were strong in four of the seven provinces and four of the 13 cities where the Department of Social Welfare and Development and local government succeeded in linking service delivery for families with women's organizations. These organizations helped to accelerate increased utilization of MCH services by their own families and those of their peers. The social pluralism of Filipino society produces vibrant women's groups, but many are too small to reach large numbers of women. A research effort has helped to produce a checklist of indicators on how to integrate women's and girls' concerns into each stage of the project development cycle.

Evaluations and lessons learned

21. The mid-term review in 1990 and other special reviews suggest that social mobilization in a complex, pluralistic Philippine society tends to produce numerous governmental/NGO/private networks. These networks respond well to specific programme objectives, such as the elimination of iodine deficiency disorders (IDD). Therefore, the specifics of PPAC goals should be able to attract more widespread societal support with appropriate strategies for social mobilization. Achieving and sustaining UCI has generated public confidence that the country can make key breakthroughs in CSD. It is important to build on the success of EPI with initiatives such as EPI PLUS, which can efficiently integrate MCH education, vitamin A distribution, the prevention of HIV/acquired immune deficiency syndrome (AIDS) and growth monitoring and promotion into an already successful immunization service system. The area-based CSD and UBS programmes successfully targeted high-risk families by involving communities; these approaches will be replicated nationwide by local governments and NGOs. The review of programme experience and specific project-related evaluations have contributed to effective management of the current programme and to defining better the focus and strategy for the next programme of cooperation.

Country programme preparation process

22. The preparation of the proposed programme of cooperation has involved continuing close cooperation between UNICEF and the Government, beginning with the preparation of a new situation analysis of children and women. In February 1992, the National and Economic Development Authority established a steering committee at the deputy minister level to guide the exercise. From March 1992, task forces involving 20 national and local government and NGO entities formulated strategies, programmes and projects. In October 1992, the ministerial-level Social Development Committee of the National and Economic Development Authority Board endorsed a government request for this programme of cooperation. Other United Nations agencies and donors were also involved at different stages in the preparation process.

RECOMMENDED PROGRAMME COOPERATION, 1994-1998

Recommended general resources: $22,500,000

Supplementary funding: $37,170,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	5 200	10 350	15 550
Nutrition	5 170	9 070	14 240
Water supply and sanitation	1 130	1 980	3 110
Education	2 710	4 720	7 430
Women in development	500	-	500
Social mobilization and advocacy	730	-	730
Children in especially difficult circumstances c/	-	5 450	5 450
Planning and social statistics	1 620	600	2 220
Integrated basic services	3 115	5 000	8 115
Programme support	2 325	-	2 325
Total	22 500	37 170	59 670

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

c/ Includes the urban children in especially difficult circumstances component of the integrated basic services programme.

Programme objectives

23. The 1990 mid-term review, other assessments and the 1992 situation analysis of children and women suggest that this cooperation can play a major catalytic role in achieving priority PPAC goals.

24. As UNICEF resources are limited, this cooperation focuses on crucial PPAC goals which (a) correspond to the goals of the World Summit for Children and related provisions of the Convention on the Rights of the Child; (b) are closely linked to the analysis of the situation of children and women; (c) correspond well with the comparative advantages of Government/UNICEF cooperation, e.g. community empowerment; and (d) are compatible with UNICEF

assistance policies. The overall catalytic role of UNICEF will support nationwide monitoring of all PPAC goals to stimulate broader social and resource mobilization, nationwide service coverage, more focused capacity-building for local government units and a sharper focus on community empowerment.

25. The main national goals of PPAC for 2000 are: (a) to reduce IMR from 61 per 1,000 live births in 1990 to 37; (b) to reduce MMR from 100 per 100,000 live births in 1990 to 60; (c) to reduce the prevalence of severely and moderately underweight children below seven years old from 14 per cent in 1990 to 7 per cent; (d) to ensure 100 per cent coverage of basic education; (e) to provide at lease 93 per cent of the population in urban and rural areas with access to safe drinking water and sanitation facilities; (f) to increase adult literacy, especially among women, from 90 per cent in 1990 to 98 per cent; and (g) to improve the protection of children in especially difficult circumstances. To achieve those goals, more detailed plans of action are being developed at subnational levels and the resource requirements will be reflected in the 1993-1998 medium-term plan.

26. The Government/UNICEF programme of cooperation aims to help advance the above goals through achieving, in particular, the following objectives by 1998: (a) to sustain UCI coverage above 90 per cent and to increase tetanus toxoid coverage of pregnant women from 43 per cent in 1990 to 80 per cent; (b) to virtually eliminate vitamin A deficiency and the consequences of IDD and iron deficiency anaemia; (c) to reduce the incidence of low-birth-weight babies from 15 per cent in 1990 to 10 per cent; (d) to increase the primary school cohort survival rate from 68 to 80 per cent and to provide early childhood care and development for 90 per cent of all preschoolers; (e) to improve protection and basic services for 80 per cent of the children in situations of armed conflict, reduce by 90 per cent the number of working children in hazardous jobs and provide protection and rehabilitation to 70 per cent of abused and exploited children; and (f) to have children's participation in planning and policy formulation in 50 per cent of all municipalities and 80 per cent of all cities.

Programme strategies

27. There are six principal programme strategies:

(a) The country programme will take advantage of the implementation of the Local Government Code to help expand services that have a direct impact on reducing problems associated with child survival, development and protection such as the control of ARI;

(b) Capacity-building and community empowerment will be supported by emphasizing service delivery activities including (i) a common focus on priority PPAC goals; (ii) social mobilization, especially to reach poor families; (iii) well-defined target groups, especially pregnant and lactating women and children under five years old; and (iv) sharply focused information, education and communication activities which, inter alia, promote environmental awareness and sustainable development;

(c) Chief executives of local government will be assisted in implementing the Local Government Code in order to increase local government capacity and accountability for achieving PPAC goals;

(d) Social mobilization permeates every programme to cultivate sustainable governmental, NGO, community and private sector leadership for achieving PPAC goals, e.g. universalization of quality primary education;

(e) This cooperation will play a catalytic role in mobilizing resources for PPAC, including innovations such as debt swap and debt relief, and the inclusion of PPAC goals in both national and local development plans;

(f) Improving the information base of the situation of children, begun in 1991, will be continued for effective advocacy, social mobilization and improved delivery of services, e.g. the prevention of HIV/AIDS.

Coverage

28. Different aspects of the programme will serve 14 of the 15 regions in the country, 40 of the 75 provinces and 14 of the 60 cities. The programme will cover about 44 million, or 70 per cent of the country's population, of which 7 million are children under five years old. A combination of four geographic approaches will be used to reach the programme objectives by 1998 and the PPAC goals by 2000: (a) virtual nationwide coverage with social mobilization and capacity-building through local government planning and monitoring of PPAC goals and EPI PLUS services; (b) full coverage with health, nutrition and education services in 20 provinces known as high-impact areas because of their large numbers of births and children; (c) convergent delivery of all services to 7 provinces, 8 cities and 13 municipalities to reduce disparities with other localities; and (d) expanded service coverage to special areas with children in especially difficult circumstances, including natural disasters.

Social mobilization, planning and evaluation

29. Social mobilization, national and local planning to meet PPAC goals and monitoring and evaluation are the three dimensions of the catalytic role of UNICEF in PPAC. Social mobilization will generate provincial, city and municipal and community plans of action to achieve PPAC goals nationwide. Annual nationwide monitoring of PPAC goals in all localities and communities should produce performance reports with crucial follow-up actions for mobilizing resources. With the Council for the Welfare of Children as the focal point for PPAC, the mid-programme review in 1996 will assess how well PPAC is being operationalized nationwide and provide guidance for any modifications required in programme implementation.

Maternal and child health

30. The programme will expand and strengthen the primary health care (PHC) service system, especially to sustain UCI and expand the control of ARI, CDD and MCH service coverage. Additionally, UNICEF will support the prevention of HIV/AIDS through EPI PLUS and MCH services, with linkages to UBS, the

development of women and adolescent girls, and non-formal education. Major mid-decade progress indicators will include the eradication of poliomyelitis and the elimination of neonatal tetanus by 1995. Altogether, between 9.7 million to 10.5 million children under five years old, 2.3 million to 2.5 million pregnant women and 16.7 million to 18.1 million women of child-bearing-age will be covered.

31. Women's health and safe motherhood services will (a) train 12,500 rural health midwives, 12,500 traditional birth attendants and 15,000 community health volunteers who will promote birth spacing and upgrade pregnancy care; (b) integrate initiatives such as the prevention of anaemia into prenatal services; and (c) upgrade essential obstetrical and emergency services. Breast-feeding, weaning and growth monitoring and promotion services will cover 800,000 pregnant and lactating women. All government hospital staff and 80 per cent of all private hospital staff will be trained in lactation management to reach 80 per cent of all mothers.

32. EPI PLUS will (a) sustain 90 per cent coverage of infants and 80 per cent coverage of pregnant women with neonatal tetanus vaccines nationwide; (b) improve the quality of services so that immunizers correctly sterilize needles and syringes and administer vaccinations; and (c) help rural health midwives to integrate MCH services into EPI sessions, administer vitamin A capsules and provide education and counselling services on the prevention of HIV/AIDS and hepatitis, the control of ARI, CDD, breast-feeding and growth monitoring and promotion. New national legislation for EPI will set the immunization schedule and budget for vaccines to strengthen sustainability.

33. CDD services will serve 9 million to 11 million children under five years of age and will be closely linked with the environmentally friendly water supply and sanitation programme. Altogether 80 per cent of all families will use ORT and have access to ORS, with 6 million packets produced locally per year; 70 per cent of the families will use proper feeding practices during diarrhoeal episodes; and 60 per cent of the families will practise exclusive breast-feeding for at least six months and learn how to prepare weaning foods correctly using proper hygiene, to wash their hands properly and to protect the community environment from careless disposal practices.

34. Services for the control of ARI aim to reduce pneumonia deaths among children through prevention, early detection and standard case treatment. The purpose of training and family education is to have 90 per cent of all child pneumonia cases treated properly and 80 per cent of all mothers in the high-impact, convergent delivery and special needs areas, as well as 100 per cent of all community health volunteers, reached for proper home care and referral. By 1995, all government health facilities will have the capacity to provide services for the control of ARI.

Child and maternal nutrition

35. The Departments of Health, Agriculture, Social Welfare and Development, Education, and Interior and Local Government, along with the National Nutrition Council and local governments, will expand and link child and

maternal nutrition services more closely with EFA and development for women and adolescent girls. High priority will be given to (a) expanding the coverage of growth monitoring and promotion for children under the age of three years on a nationwide basis, with such activities being organized by strengthened communities; (b) eventual nationwide coverage of micronutrient supplementation and food fortification services (vitamin A, iron folate, iodinated capsules and iodized salts), with the involvement of NGOs and the private economic sector; and (c) wider coverage for family food production for food security based on the experiences with bio-intensive gardens and other initiatives. Strengthened support services will include nutrition advocacy; capacity-building of local governments; and community assessment, nutrition surveillance and operations research. Coverage will include 40 provinces and 3 metropolitan areas with 200,000 low-birth-weight infants, 4.5 million children aged 1 to 3 years, 1.5 million pregnant and lactating women and 10 million women of child-bearing-age.

36. With regard to growth monitoring and promotion, rural health midwives will organize weighing and counselling services for mothers. Linkages will be made with 6,800 demonstration gardens at community health centres, primary schools and selected households, and 340 communal nurseries, with leadership from 340 rural women's organizations.

Water supply and sanitation

37. This environmentally conscious programme has been designed to accelerate efforts to improve health impact through improved monitoring systems at national and local levels, and training and post-training support in communication skills for advocacy and social mobilization for 540 provincial and city trainers so that 60 per cent of all households nationwide improve their utilization of services, including waste disposal. Another thrust will cover 41 million people in the 7 convergent service provinces, 20 high-impact provinces and 3 metropolitan areas in the proper utilization of environmentally appropriate water supply and sanitation technologies, and better organization of village water supply and sanitation associations to strengthen community participation.

Education for all

38. The initiatives will further strengthen an already advanced educational system, especially to serve better the poor, girls, women and cultural communities. Early childhood care and development activities will provide learning and socialization for 4.4 million children under six years old through the training of 15,000 day-care workers and parents in 15,000 villages. These activities will be undertaken in collaboration with the Department of Social Welfare and Development and local governments.

39. The universalization of quality primary education aims to increase primary cohort survival from 63 to 70 per cent in 3,100 primary schools in 24 provinces and 3 metropolitan areas through: (a) improving multigrade teaching by upgrading teacher skills; (b) instituting a no drop-out learning system so that children can move between formal and non-formal education

activities to accommodate changing family situations; (c) expanding and revitalizing teacher training for members of cultural communities, and increasing the coverage of the teacher-child-parent approach to promote family health and nutrition; and (d) integrating early childhood care and development into grade I to reduce drop-outs and instituting curricular and other reforms for Islamic religious schools (Madaris). Non-formal education, functional literacy and continuing education will help to increase basic literacy among out-of-school youth from 86 to 93 per cent and increase the proportion of out-of-school youth with quality basic education.

40. Advocacy and social mobilization activities aim to strengthen national, social and resource mobilization, including the private economic sector, through a new EFA Foundation; and to increase social and resource mobilization capacities of 34 provinces and 14 cities.

Children in especially difficult circumstances

41. Coverage will include 27 provinces and 14 cities for 135,000 families with children in situations of armed conflict, 133,000 child labourers and 40,000 urban street children. UNICEF will support the increased promotion of peace education initiatives in special areas. Capacity-building will help to strengthen families and communities so that they are equipped to deal with PHC and environmental protection needs such as water supply and sanitation, first aid, growth monitoring and promotion, preschool and primary education, and counselling services for trauma to complement similar services by government agencies and NGOs.

42. The child labour project will sharpen the focus on promoting compliance of employers and families to existing laws on excluding children from hazardous occupations; mobilize a wider range of participation from employer and entrepreneurial groups to help parents of working children increase their income; and promote universal primary education and secondary education to serve these children. Prevention and community-based rehabilitation of childhood disabilities are integrated into health, nutrition and education programmes, e.g. safe motherhood, micronutrient deficiencies and universal primary education. UNICEF assistance for 40,000 urban street children will be integrated into UBS activities.

Development of women and adolescent girls

43. This initiative will serve as an umbrella for nationwide advocacy, coordination and demonstration activities in 40 provinces, 14 cities and 13 urban municipalities for 1 million women and girls. Advocacy to raise awareness about the major needs of women and girls will reach 32,000 policy makers, programme managers and services workers at national, provincial, municipal and barangay levels. Some 190,000 women and 7,600 women's groups (which will be established) will be trained in the organization of community health activities and the development of more effective legal, livelihood, child-care and other basic services for women and girls.

Integrated rural and urban basic services

44. This programme supports the Department of Interior and Local Government in the implementation of the Local Government Code, linking it with all other programmes, e.g. health, nutrition and education. The thrust is to expand social mobilization, capacity-building and the delivery of services through local governments to reach vulnerable families with multiple problems. Capacity-building for provincial, city and municipal government will focus on local government and community planning, coordination and monitoring and evaluation at all the selected locations. Advocacy will include the dissemination of programme experiences nationwide through the Leagues of Governors and Mayors and public administration institutes. The rural integrated services programme aims to reduce disparities and reach poor families facing multiple problems in the seven provinces designated for convergent basic services with coverage of 2 million children, over 1 million primary school children and 1 million pregnant and lactating women. UBS, including the street children project, will serve 5 million children and 3 million women with the same services as in the provinces by expanding successful community organizing initiatives and universal coverage for health, nutrition and education services.

Child victims of natural disasters

45. This programme will reduce the impact of serious natural disasters on children by integrating services for children in natural disaster plans and more accurately targeting services for disaster prone areas.

Programme management

46. Implementation of the Local Government Code is generating a massive realignment of roles and responsibilities between national and local governments on policy, planning, implementation, monitoring and evaluation of basic services. The Code opens the way for more local government initiatives to meet PPAC goals. Regional offices of national agencies, for example, of the National Economic and Development Authority and Departments of Health, Education and Social Welfare, will play more supportive roles in expediting local government planning and the delivery of basic services. In this context, the UNICEF Manila Office will strengthen programme coordination among its programme sections to match the Government's growing emphasis on both accelerating nationwide coverage of basic services and strengthening the roles of local governments in ensuring basic services. Beginning in 1994, five new national project officer positions will be added for nutrition, education, the coordination of urban/rural basic services, information and programme support communication.

47. The catalytic role of UNICEF with the PPAC also concerns improving linkages with other United Nations agencies that also play important roles. As a result, this programme has been developed in close collaboration with the United Nations system, including UNDP, the World Health Organization, UNESCO, the United Nations Population Fund, the International Labour Organisation, the Food and Agriculture Organization of the United Nations and the World Food

Programme, as well as AsDB and the World Bank, in terms of the formulation of strategies, programmes and projects. UNICEF consultations with other international donor organizations have been helpful. There will be appropriate collaboration as well in programme implementation. Donors such as the Canadian International Development Agency, the Australian International Development Aid Bureau and a number of National Committees for UNICEF have contributed greatly during the past programme cycle and their continued support will be essential.

Notes

1/ Mortality data in the Philippines are collected for infants (age 0-1 year) and for children (age 1-4 years); therefore, the child mortality rate cannot be compared with the under-five mortality rate. Attempts will be made for adjustment in data collection during the proposed programme cycle.

2/ With reference to table 1 where IMR is cited as 45 per 1,000 live births in 1990 from the United Nations Population and Vital Statistics Report for 1990, the Government of the Philippines has yet to submit the revised estimate of 61 per 1,000 live births for IMR to the United Nations.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Philippines	(1991 and earlier years)			UNICEF country classification
Under-five mortality rate		46	(1991)	Middle U5MR
Infant mortality rate		34	(1991)	Middle IMR
GNP per capita	$	740	(1991)	Lower-middle GNP
Total population		63.8 Million	(1991)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1991
Births	(Thousands)	1417	1748	1963	1975
Infant deaths (under 1)	(Thousands)	94	92	70	67
Under-five deaths	(Thousands)	143	134	95	90
Under-five mortality rate (per 1,000 live births)		99	79	49	46
Infant mortality rate (under 1) (per 1,000 live births)		64	53	36	34

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1989-1990)	Moderate & severe	33 a/	34
	Severe	2 a/	5
Babies with low birth weight (%, 1990)		19*	15
% of primary school children reaching final grade (1980/1988)		65	71

NUTRITION INDICATORS	About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1978/1987)	79/70/53	.. / 74* / ..
Prevalence of wasting (%, 1990)	7	14
Prevalence of stunting (%, 1989-1990)	42	45
Daily per capita calorie supply (% of requirements, 1988-1990)	..	104
Food production per capita index (Index 1979-1981=100, 1980/1991)	100	82
Household expenditure All food/cereals (% of total income, 1980-1985/1988)	51/20	51*/ 16*

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1991)			25
Access to health services	Total	..	75*
(% of population, 1987)	Urban/rural	.. / ..	77* / 74*
Access to safe water	Total	52	81
(% of population, 1985/1990)	Urban/rural	49 / 0	93 / 72
Access to adequate sanitation	Total	73	70
(% of population, 1980/1990)	Urban/rural	81 / 67	79 / 63
Births attended by trained personnel (%, 1987)		..	55
Maternal mortality rate (per 100,000 live births, 1987)		..	100

Immunization		1981	1985	1990	1991
One-year olds (%) immunized against:	Tuberculosis	61	76	96	96
	DPT	51	59	88	89
	Polio	44	61	88	90
	Measles	..	55	85	88
Pregnant women (%) immunized against:	Tetanus	37	55	43	52

TABLE 1 (continued)

Philippines

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	113 / 94	111 / 99
(%, 1980/1989)	Male	113 / 94	111 / 100
	Female	113 / 94	110 / 98
Secondary enrolment ratio (gross/net)	Total	65 / 46	73 / 54
(%, 1980/1989)	Male	61 / 43	72 / 53
	Female	69 / 49	75 / 55
Adult literacy rate, 15 years & older	Total	83	90
(%, 1970/1990)	Male/female	84 / 81	90 / 90
Radio/television sets		43 / 22	138 / 41
(per 1,000 population, 1980/1990)			

DEMOGRAPHIC INDICATORS		1970	1980	1990	1991	2000**
Total population	(Millions)	38	49	62	64	76
Population aged 0-15 years	(Millions)	18	22	26	27	29
Population aged 0-4 years	(Thousands)	6357	7586	9091	9157	9558
Urban population (% of total)		33	37	43	43	49
Life expectancy at birth	Total	57	61	64	65	67
(years)	Male	56	59	62	63	65
	Female	59	63	66	67	69
Total fertility rate		5.8	4.9	4.1	4.0	3.4
Crude birth rate (per 1,000 population)		39	36	32	31	26
Crude death rate (per 1,000 population)		11	9	7	7	6

		About 1980	Most recent
Contraceptive prevalence rate		37	36
(%, 1978/1988)			
Population annual growth rate	Total	2.9	2.5
(%, 1965-1980/1980-1991)	Urban	4.0	3.8

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate		3.2	-1.2
(%, 1965-1980/1980-1991)			
Inflation rate (%, 1965-1980/1980-1990)		12	15
Population in absolute poverty	Urban/rural	36* / 56*	52 / 64
(%, 1978/1988)			
Household income share	Top 20%/bottom 40%	.. / ..	52*/ 14*
(%, 1988)			
Government expenditure	Health/education	5 / 13	4 / 17
(% of total expenditure, 1990)	Defence	16	11
Household expenditure	Health/education	.. / ..	2* / 3*
(% of total income, 1988)			
Official development assistance:	$US millions	300	1231
(1980/1991)	As % of GNP	1	3
Debt service		7	16
(% of goods and services exports, 1990)			

a/ Indicates data that differ from the standard definition, or refer to only part of a country.
* UNICEF field office source.
** United Nations Population Division projections based on past and current trends.

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TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1988-1993 a/

COUNTRY: PHILIPPINES
LATEST BOARD APPROVAL: 1988
GENERAL RESOURCES: $22,865,000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SP		Total (GR & SP)	
	OR	PSP	OR	PSP	OR	PSP	OR	PSP	Actual	Planned	Actual	Planned	Actual	Planned b/
Health c/	3589	5749	1681	1318	218	410	2592	2336	8280	9963	9819	7369	18099	17332
Household food security and nutrition	591	68	358	153	23		694	387	1646	2241	688	1968	2274	4209
Water supply and sanitation	388	177	86	42			154	43	630	1140	242	3043	882	5083
Education	101	109	489	147	33		675	146	1290	1780	982	1683	1780	3463
Community organization and development	107	53	397	172		66	631	609	1135	1123	980	1057	2115	2180
Women-centred programme	10	31	235	96	9	10	208	21	462	574	158	940	620	1514
Children in especially difficult circumstances d/	303	563	350	783	27	271	825	2701	1305	1969	4518	4715	5823	6684
Social mobilization and advocacy	439	3	51		90		667	65	1347	1284	68		1515	1284
Planning and social statistics	291	138	96	43	264	107	1293	204	1944	988	492	3201	2436	4189
Programme support	112	3	7		269	6	381		769	1803	9		778	1803
Emergency	450	797	23	91			100	778	575	200	1666	2813	2239	3013
Freight	213	60							213		60		273	
GRAND TOTAL	6586	7751	3973	2845	933	870	8220	7370	19712	23065	18836	27629 e/	38548	50604

OR = General resources.
PSP = Funded supplementary feeding.
SP = Supplementary feeding, funded and unfunded.
a/ Actual expenditure includes expenditure recorded as of 17 December 1992.
b/ Planned amount refers to amount planned for the period 1988-1993.
c/ Including health expenditure in the area-based programme.
d/ Including urban street children.
e/ Of this amount, $4,000,000 remains unfunded.

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TABLE 3. PLANNED EXPENDITURE, 1994 - 1998

(In thousands of United States dollars)

Country: PHILIPPINES Period covered: 1994 - 1998	Funding status	1994	1995	1996	1997	1998	Total
Health	GR	940	940	1040	1140	1140	5200
	FSF	150					150
	NSF	1000	2400	2600	2250	2100	10350
Nutrition	GR	1045	1095	1055	965	1010	5170
	NSF	1000	1820	2450	2250	1550	9070
Water supply and sanitation	GR	190	210	240	260	230	1130
	NSF	300	330	500	450	400	1980
Education	GR	470	520	550	620	550	2710
	NSF	600	750	1300	1000	1070	4720
Women-centred programme	GR	100	100	100	100	100	500
Children in especially difficult circumstances	FSF	180					180
	NSF	570	1180	1340	1210	1150	5450
Social mobilization and advocacy	GR	160	160	150	130	130	730
Planning and social statistics	GR	280	280	380	330	350	1620
	NSF	120	120	120	120	120	600
Programme support a/	GR	465	465	465	465	465	2325
Integrated area-based programme	GR	850	730	520	490	525	3115
	NSF	580	900	1190	1220	1110	5000
TOTAL	GR	4500	4500	4500	4500	4500	22500
	FSF	330					330
	NSF	4170	7500	9500	8500	7500	37170
GRAND TOTAL		9000	12000	14000	13000	12000	60000

GR = General resources.
FSF = Funded supplementary funding.
NSF = New supplementary funding.
a/ Includes allocation for reserves.

TABLE 4. LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PHILIPPINES

PROGRAMME SECTIONS/AREAS AND FUNDING SOURCES	PROGRAMME BUDGET 1994–1998 (In thousands of US dollars)				POSTS a/ and b/										TOTAL POSTS	STAFF COSTS c/ (In thousands of US dollars)		
					EXISTING POSTS						SUBTOTAL							
	GR	PSF	NSF	TOTAL	D2/L	D1/L4	P4/L3	P4/L4	P4/L3	P4/L2	IP	NP	GS			IP	LOCAL	TOTAL
GENERAL RESOURCES																		
Health	5200			5200								3	4		7		865	865
Nutrition	5170			5170								1	2		3		335	335
Water supply and sanitation	1130			1130								1			1		151	151
Education	2710			2710								1	1		2		243	243
Women-centred programme	500			500									1		1		92	92
Social mobilization and advocacy	730			730														
Planning and social statistics	1620			1620														
Programme support	2325			2325								3	6		9		949	949
Integrated area-based programme	3115			3115				1			1	5	7		13	670	1233	1903
TOTAL GR	22500			22500				1			1	14	21		36	670	3868	4538
SUPPLEMENTARY FUNDING																		
Health		150	10350	10500									1		1		196	196
Nutrition			9070	9070														
Water supply and sanitation			1980	1980								1			1		151	151
Education			4720	4720								2	5		7		979	979
Children in especially difficult circumstances		180	5450	5630														
Planning and social statistics			600	600														
Integrated area-based programme			5000	5000														
TOTAL SF		330	37170	37500								3	6		9		1326	1326
TOTAL GR & SF				60000				1			1	17	27		45	670	5194	5864
ADM. AND PROGRAMME SUPPORT BUDGET (Proposed 1994–1995)	Operating costs	662																
	Staffing b/					1	1				2	6	20		28	589	1611	2200
GRAND TOTAL (GR + SF + ADM)						1	1	1			3	23	47		73			
	Number of posts and staff costs:																	
	– At the beginning of previous programme (1988)										2	10	29		41	N/A	N/A	N/A
	– At the beginning of proposed programme (1994)										3	23	47		73	N/A	N/A	N/A
	– At the end of proposed programme (1998) (Indicative only)										3	23	47		73	N/A	N/A	N/A

a/ Each post, regardless of its funding source, supports the country programme as a whole.

b/ The posts are effective as of 1 January 1994.

c/ Project posts are funded for five years; core posts are funded for two years.

Abbreviations: GR = general resources; PSF = funded supplementary funding; NSF = new supplementary funding; SF = supplementary funding; IP = International Professional; NP = National Professional; GS = General Service; ADM = administrative